SO981-RAKE (CONT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re The Application of: Richard E. Saffo, Sr.)	Confirmation #: 9756	
Serial No.: 10/052,898)	Examiner:	RECEIVED
Filed: January 16, 2002)	Art Unit: 3673	JAN 2. 0 2004
For: APPARATUS FOR LEVELING AND SMOOTHING OF CONCRETE)		GROUP 3600
	,	DISHONG LAW OFFICE 765 Greenville Rd. Mason, NH 03048 January 9, 2004	ES

CERTIFICATE OF MAILING under (37 CFR § 1.8)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service as first class mail with sufficient postage on the date shown below in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

money antalex

Kathleen Chapman

Date Date

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith for filing is a preliminary amendment for application Ser. No. 10/052,898. Enclosed with this Certificate of Mailing are the following materials:

[X] Preliminary amendment; and

Applicant is a small entity.

FEE FOR CLAIMS

2. The fee for claims is calculated as follows: (Col. 1) Small (Col. 2) (Col. 3)

Other **Entity Entity**

CLAIMS HIGHEST **PRESENT RATE ADDIT** OR RATE **ADDIT REMAIN** # PREV. **EXTRA FEE** FEE

Total Ind. MD Base filing	20 ¹ 3 0	Minus 20 ² Minus 3 ³ 0	= 0 = 0 = 0	X \$9 = X \$42 = X \$140 = +\$385.00	\$0.00 \$0.00 \$0.00 \$0.00		X \$18.00 = X \$84.00 = X \$280 = + \$740 =	\$0.00 \$0.00 \$0.00 \$0.00
fee Late fee				+\$	\$0.00			
100				Total	\$0.00	OR	Total	\$0.00

Notes:

³If the "HIGHEST # PREV." is less than 3, enter "3".

[a] [X]No additional fee is required OR[b] [] Total additional fee required is \$0.00.

3. [X] Also enclosed is: A return receipt card.

Respectfully submitted,

tather Crapman

Kathleen Chapman, Esq. Attorney for Applicant; Reg. No. 46,094

DISHONG LAW OFFICES

765 Greenville Rd. Mason, NH 03048

Jamary 9, 2004

Date

Voice: 603-878-4993; Fax: 775-218-4407

e-mail: chapman1103@prexar.com

¹If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

²If the "HIGHEST # PREV." (highest number of claims previously paid for) is less than 20, enter "20".